

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007736

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 5800 Registrar's No. 18

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED FEB 27 1963

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jonesburg</b>		c. CITY OR TOWN <b>Wellsville</b>	
Length of stay in 1b <b>1 year</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jonesburg Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>217 N. Second</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Edward Sylvester Shocklee</b>		4. DATE OF DEATH Month Day Year <b>Feb. 20, 1963</b>	
5. SEX. <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 24, 1871</b>
9. AGE (last birthday) <b>92</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	
11. BIRTHPLACE (City and state or country) <b>Wellsville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James R. Shocklee</b>		13b. MOTHER'S MAIDEN NAME <b>Kate Worland</b>	
14. NAME OF HUSBAND OR WIFE <b>Mo. O'Donnell Shocklee, Montgomery City</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>O'Donnell Shocklee, Montgomery City</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis with Myocardial Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 wks.</b>	
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>2 yrs.</b>	
DUE TO (c) <b>[REDACTED]</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Peripheral Arteriosclerotic changes to Lower Extremities. Prostatic Carcinoma - controlled.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year <b>Feb. 10, 1962</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>Wellsville, Mo.</b>		20f. COUNTY <b>Montgomery</b>	
20g. STATE <b>Mo.</b>			
21. I attended the deceased from <b>Feb. 10, 1962</b> to <b>Feb. 20, 1963</b> and last saw him alive on <b>Feb. 15, 1963</b>		22a. SIGNATURE (Degree or title) <b>[Signature]</b>	
22b. ADDRESS <b>New Florence, Mo.</b>		22c. DATE SIGNED <b>2/22/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/23/1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wellsville, Mo.</b>	
24. FUNERAL DIRECTOR <b>Howard F. Myers, Wellsville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2/22/63</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 5 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Howard J. Myers*

Licensed Embalmer No. \_\_\_\_\_

4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.